**The Patient Experience**

* Empathy is important in patient-physician communication and is associated with improved patient satisfaction and adherence to physicians’’ recommendations
* Study found 384 opportunities where a physician could have been empathetic to a patient and the study reported that physicians’ only responded empathetically to about 39 of these (10%)
  + 50 % of these empathetic statement occurs in the last 1/3rd of the encounter
* Vulnerability of patients
  + Illness and incapacitation
  + Lack expertise
  + Rely on physician’s expertise
* Promoting the Patient’s Best Interests
  + Understand the patient’s perspective
  + Address misunderstandings and concerns
  + Try to persuade the patient, when appropriate
  + Negotiate a mutually acceptable plan of care
  + Respect patient autonomy.

**Resolving Ethical Dilemmas: Promoting the patient’s best interest**

* **Patient refusal of beneficial interventions** 
  + Case: 76 y/o widow has aortic stenosis
    - She does not want surgery and has not wanted it for years
    - After an episode of near-syncope, she agrees to echocardiography
    - Her primary care physician recommends valve replacement
    - She says she has lived a full life and welcomes a sudden death than a prolonged decline
  + The physician believes that refusal of valve replacement may conflict with her best interests
    - Having the surgery is likely to prolong her life and avoid debilitating symptoms (chest pain and dyspnea)
    - Refusal of surgery might result in what she fears most—progressive decline and loss of independence
  + Dilemma—you don’t want to override her refusal and operate without her consent and also accepting her refusal without further discussion might result in adverse outcome that could have been averted.
* **Doing No Harm To Patients**
  + **Nonmaleficence**
    - Requires people to refrain from inflicting harm on other
      * Physicians should not provide interventions that are known to be ineffective
      * Physicians should not act maliciously, as by providing substandard care because they dislike the patients ethnic background or political views
      * Physicians should also act with due care a diligence
      * If a physician cannot benefit a patient, they should at least not harm them or make the situation worse
      * When benefits and burdens are evenly balanced, physicians should err on the side of not intervening
    - Doing no harm would preclude many medical interventions (such as the valve replacement), but some patient may accept substantial risks to gain medical benefits
* **Promoting The Patients Best Interest**
  + **Beneficence**
    - Requires physicians to promote patients’ “important and legitimate interests”
  + **The fiduciary nature of the doctor-patient relationship**
    - Doctors must act for the well-being of patients because patients are often impaired in significant ways by their illness
    - *Reasons for the fiduciary relationship*
      * Patients are vulnerable
        + Illness might undermine patients independence and judgment—people might be less able to look after their own interests when they are sick

Patients often depend on the doctor for advice and trust their recommendations

* + - * Physicians have expertise that patients lack
        + Physicians have expert knowledge as well as experience and judgment to apply it to the patient’s situation
      * Patients rely on their physicians
        + Hard for patients to obtain information and individualized advice except from physicians
        + Patients usually have no previous experience I naming medical decisions
        + With serious illness patients may not have time to seek a second opinion
    - *The definition of a fiduciary relationship*
      * Relationship between professionals and clients
        + Fiduciaries act in the best interest of their patient or client
        + Relationship based on trust and reliance
      * *Things that challenge the fiduciary nature of doctor-patient relationship*
        + Financial incentives

Patients might fear that physicians no longer exercise independent clinical judgment but simply carry out bureaucratic policies set by administrators

* + **The nature of professionalism**
    - Physicians profess to use their skills to heal and comfort the sick, encouraging patient to rely on them and promising to act in a fiduciary manner
    - In return for physicians acting for the good of their patients society allows physicians to regulate themselves by, for example, selecting applicants for medical school and postgrad training, establishing standards for certification, and disciplining practitioners.
* **Problems with best interests**
  + **Disagreements over what is best for a patient**
    - Earlier case
      * The physicians goal is to increase the patients likelihood of survival
      * Patients goal is to avoid physical and mental decline
        + Also worried about her quality of life
      * Both may weigh the risk and benefits of surgery differently
  + **Quality of Life**
    - Factors that might considered:
      * The symptoms of the illness and the side effects of treatment
      * The patients functional ability to perform basic activities of living, such as walking, shopping, and preparing meals
      * The patients subjective experiences of happiness, pleasure, pain, and suffering
      * The patients independence, privacy, and dignity
    - The principle of **autonomy** requires respecting judgments about quality of life made by patients who are competent and informed
    - *Quality of life judgments by others might be problematic*
      * Quality of life judgments by other might be inaccurate and biased unless they reflect the patient's own assessment
        + Persons with chronic illness rate their quality of life higher than do their physicians or other healthy persons
        + Elderly patients who have survived a hospitalization in the ICU view their quality of life higher than their family members do
      * Many patients learn to cope with chronic illness over time, develop support systems, and continue to find substantial pleasure in life.
      * Assessments of quality of life made by other might be discriminatory if they are based on the patients economic value to society or social worth
    - *Quality of life in patients with severe neurological impairment*
      * Quality of life is hard to assess in patients that are unable to comment directly on his/her current condition
      * CASE:
        + 76 y/o widow with Alzheimer dz lives in a nursing home. She doesn’t recognize relatives and friend or respond when asked questions. She requires assistance dressing, bathing, and eating. She usually appears comfortable. She has catastrophic reaction, however, often shouting and striking people, when asked to take a bath or change her clothes. She tells her son after she had visited a friend in the ICU who was unconscious after a severe stroke “That not living. I don’t’ want to die plugged into a machine, unable to recognize my family and having to depend on other to take car of me”
      * Some writers argue that a patients quality of life falls below a minimal acceptable level if he/she lacks qualities that are considered essential to being a person, but the patient in the case still interacts with people and experiences happiness in some situation.
      * Some people have a “right to life” belief
        + Biological life should be prolonged, regardless of prognosis or quality of life
        + Based on religious beliefs about sacredness of life
      * A lot of people with dementia find enjoyment in a number of activities, even thought hey can no longer carry out activities that previously were important to them
  + **Medical Paternalism**
    - Meaning that doctor make decisions for the patient on the basis of what they believed was the patient’s best interest
    - Deferring to the physician’s recommendations is reasonable in many acute illnesses or emergencies: when cure is possible, hen the benefits of the therapy far outweigh the risks, and when treatment must be started promptly
    - *Definition of Paternalism*
      * Intentionally overriding a person’s known preferences or actions to benefit that person
      * Two types
        + Weak/soft paternalism—the patients decisions are not informed or are not voluntary

If a patients autonomy is impaired or in doubt, it is appropriate for physicians to intervene, at least temporarily

Because patients should be protected from harming themselves

* + - * + Strong/hard paternalism—patient’s autonomous choices are overridden

Withholding a diagnosis or a test result requested by a patient because the physician believes the information will greatly upset the patient

This type has been sharply criticized

* + - *Problems with Medical Paternalism*
      * Critics of strong paternalism raise several objections
        + Value judgments are unavoidable in clinical medicine, and patients, not physicians, should make them

Physicians should define burdens and benefits but the patient should make the decision

* + - * + The belief that patients cannot make wise medical decisions is a self-fulfilling prophecy

If patients are not informed they cannot make a meaningful choice

Patients who sense they have no decision-making power will become passive

If patients are empowered to make decisions, they generally ask questions, seek information, and take responsibility for difficult choices

* + - * + Physicians might seek to override a patient’s wishes because of their own psychological and emotional reactions to the case

Some physicians may get angry, frustrated, and unwilling to explore the underlying basis of refusal when patients refuse their recommendations

* **Patient Requests for Interventions**
  + Sometimes patients want interventions that physicians consider far more harmful than beneficial
    - Physicians should examine the benefits and burdens for the patient
  + CASE:
    - 22-year-old college swimmer is taking oral anabolic steroids. She is aware of the long-term side effects but plans to use the drugs only for the next year while she is competing. She can’t remain competitive unless she takes them because her competitors are also taking them. She asks her physician to monitor her for side effects, but not to prescribe the drugs
  + Reasons physicians might decline this request
    - Many physicians believe using drugs for enhancement of normal function is not an appropriate foal of medicine
    - Using performance enhancing drugs is unfair to other competitors and violates rules
    - Some physicians may believe monitoring for side effects condones the practice
  + Physicians may comply with the request
    - Physicians can frame the request as preventing harm to the patient
    - Patients commonly use other substances that might harm their health, such as cigarettes and alcohol, which they obtain without prescription, and physicians continue to follow patients who use such substances, monitor them for adverse effects, and treat complications, while still urging them to stop.
    - By maintaining a supportive doctor-patient relationship, physicians might be better positioned to persuade patients to stop taking harmful substances
  + **Interventions whose benefit can be assessed only by the patient**
    - CASE:
      * 56 y/o male has been disabled by chronic back pain for 10 years. Patient requests a refill of a Rx for 8-160mg tablet of oxycodone daily. The new physician won’t prescribe opiates at this strength and dosage for chronic pain. The patient refuses a referral to a pain clinic.
    - Risk of treatment
      * Oxycodone is commonly abused
      * Patients can only assess the severity of pain the physician feels uncomfortable prescribing opioids
        + Only the patient can assess the effects of treatment
    - Benefit of treatment
      * Pain is undertreated by physicians and causes substantial suffering
        + The fact that pain can be assessed only through the patient’s self-report should not lead physicians to downplay the importance of treating it effectively
  + **Intervention with small benefit but no risks**
    - CASE
      * 41 y/o bus driver has episodes of crampy abdominal pain and alternating diarrhea and constipation. Diagnosed with IBS. Patient wants an abdominal CT scan. Patient refuses to discuss psychosocial issues about her illness or to try antidepressants saying that her problem isn’t in her head”.
    - The scan would have little medical risk and potential great benefit for the patient and would provide the patient reassurance
    - If the patient begins requesting surgeries and more invasive methods for reassurance the physical should certainly demur.
  + **Allocating Resources Fairly**
    - Physicians can’t ignore the cost of patients requests due to the soaring cost of health care
    - Cost should not be the main reason for refusing patient requests
      * The primary consideration should be the benefits and risks to the patient, rather than cost
    - Physicians should spend more time trying to discourage an expensive CT scan than in discouraging inexpensive tests
* **Reaching Agreement on Best Interests**
  + Physicians should recommend what they believe is best for the patient from the perspective of the patients values and preferences
  + Physicians should try to dissuade patients from unwise decisions
    - Persuasion respects patients and fosters their autonomy
    - Persuasion includes talking to the patient on several occasions and asking the patient to talk to family members, friends, and other physicians, or other patients who have had the intervention
  + Continual attempts to convince patients to change their minds is disrespectful and might also be counterproductive